

Population-Level Parenting Programs: A Survey of Parents in the Lehigh Valley Health Network

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### **Abstract**

Child maltreatment, which includes physical, sexual and emotional abuse, is a large scale health issue that requires intervention at a population level (Prinz, Sanders, Shapiro, Whitaker & Lutzker, 2009). In 2007, 5.8 million children were involved in alleged maltreatment reports to child protective service agencies (Zimmerman & Mercy, 2010). Parenting programs can potentially help prevent child maltreatment and its physical, developmental and psychological repercussions by providing parents with support, education and interventions (MacLeod & Nelson, 2010). In order to best meet the needs of Lehigh Valley Health Network families, the LVHN Parent Education department surveyed parents on their content, format and scheduling preferences for parenting programs. A quality improvement survey was created and administered to parents in ABC Pediatrics Well Visit waiting rooms at the Trexlertown, Pond Road and 17<sup>th</sup> Street offices, in the Pediatric Rehabilitation Office waiting room of Lehigh Valley Hospital (LVH) Cedar Crest, at the Monday Morning Moms group at LVH Cedar Crest, and at the Teen Parent Support Group at LVH 17<sup>th</sup> Street. Based on these results, LVHN would do best to offer either a lecture-based or an interactive-based program for an hour on a weekday evening, somewhere between once a week and once a month. Additionally, the program should cover topics related to time management, patience, discipline, bonding and communication, and stress management for parents.

### Population-Level Parenting Programs: A Survey of Parents in the Lehigh Valley Health Network

The job of parenting is a unique one, because despite its enormous responsibilities and far-reaching impacts, there is no definitive job manual for parents. Each parent faces unique stressors, be they financial, emotional, physical, or a combination of these factors. However, all parents play a greatly significant role in shaping the lives and wellness of future generations. Therefore, the importance of fostering positive and effective parenting cannot be underestimated. Parenting programs provided at a population level offer a proactive approach to preventing child maltreatment (Zimmerman & Mercy, 2010), promoting positive parenting (Shapiro, Prinz & Sanders, 2008), and addressing early signs of children's disruptive behavior (Sanders, Markie-Dadds, Tully & Bor, 2000). By educating the public on healthy parenting, communities can help to improve children's lives and to prevent the negative and costly outcomes of child maltreatment (Zimmerman & Mercy, 2010).

Child maltreatment includes physical, sexual and emotional abuse, and occurs at a large scale. In 2007, 5.8 million children were involved in maltreatment reports to child protective service agencies (Zimmerman & Mercy, 2010). Reported maltreatment rates likely underestimate the actual prevalence of child abuse, as they exclude unreported occurrences (MacLeod & Nelson, 2000). The problem of child maltreatment is also a social one, with higher maltreatment rates associated with families of lower income and education levels (Zimmerman & Mercy, 2010). Therefore, parent programs at a public health level are especially important, as they have the potential to reach families most in need. Child maltreatment is associated with impaired brain development, impaired social skills, lower academic achievement, depression, heart disease, and shorter life expectancy (Zimmerman & Mercy, 2010). These effects represent large health and societal costs, as well as tragic individual losses. Parenting programs have the

potential to prevent these problems before they start by providing parents with support, education and interventions (MacLeod & Nelson, 2010).

One research-supported, multi-tiered system of parenting intervention is The Positive Parenting Program, known as Triple P (Sanders, Turner & Markie-Dadds, 2002). Developed in Queensland, Australia, and based in social learning principles, the program aims to improve parents' relationships with their children by increasing their parenting knowledge, skills and confidence. The program's five tiers range from universal interventions, such as media and general information, to enhanced Triple P behavioral family intervention (Sanders, Turner & Markie-Dadds, 2002). When implemented in eighteen southeastern United States counties, Triple P yielded significant reductions in substantiated child maltreatment, child out-of-home placements, and child maltreatment injuries (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009).

Triple P has the potential to be implemented at a population-level, making it a promising option for hospitals (Shapiro et al., 2008). With its standardized training courses and materials, Triple P allows organizations to train their health care providers in its principles. Some implementation difficulties include recruiting providers for training and time and budget constraints (Shapiro et al, 2008). However, the program's impact in preventing child maltreatment and promoting healthy family dynamics makes it a noteworthy possibility for a population-level intervention (Prinz et al., 2009).

In addition to Triple P, Strengthening Families and Parenting Wisely are two research-supported programs. Strengthening Families, a program which encompasses a variety of preventative efforts in education and child care, aims to foster parental resilience and

childrearing knowledge (Zimmerman & Mercy, 2010). By providing parental support, Strengthening Families enhances the protective factors that prevent child maltreatment. Parenting Wisely, a computer-based program designed for parents of adolescents, has been found to increase parents' confidence and produce positive change (Cotter, Bacallao, Smokowski & Robertson, 2013).

Before implementing any intervention at a population level, hospitals need to consider the needs and interests of their communities. One method to learn what parents in the Lehigh Valley Health Network (LVHN) community want in a parenting program is to survey their opinions. Surveys allow patients to voice their thoughts in a way that can stimulate quality improvement (Cleary, 1999). Therefore, as the focus of this project, LVHN parents were surveyed in order to help answer the following questions: What topics most interest or concern parents? What type of class format would parents prefer? When, how often, and for how long would parents like sessions to occur? Any such information gathered from parents can help LVHN choose and modify a parenting program at a population-level to meet the needs of its community. The more the program appeals to LVHN parents, the more likely they are to attend and reap the benefits of this important intervention.

## **Method**

### **Participants**

Surveys were personally distributed to parents in well visit rooms at the Trexlertown, Pond Road and 17<sup>th</sup> Street ABC Pediatrics offices by an LVHN employee. Permission was obtained from providers at these locations, and the employee sat in the waiting rooms and approached parents by asking them if they would mind filling out a survey for a project. Surveys

were also distributed at the Teen Parent Support Group at LVH 17<sup>th</sup> Street on two occasions. Additionally, an LVHN childbirth and parent educator distributed the surveys at the Monday Morning Moms group at LVH Cedar Crest on two occasions. Finally, a staff member at the LVH Cedar Crest Pediatric Rehabilitation office distributed the surveys to parents in that waiting room.

### **Materials and Procedure**

First, a 12-question, one double-sided page questionnaire was developed. For background demographics, questions about the following were included: number of children in the family, their ages and genders, whether parents have participated in a parenting program before, the parents' interest level in a parenting program (rated on a 1 through 5 scale), and the parents' race, age and education level. Regarding content-related questions, Shel Dougherty, a former LVHN parent educator, provided consultation. She suggested that the survey ask parents for one to three things about themselves as parents that they wish they could change or improve.

Shel Dougherty also provided ideas for parenting topics of interest. Additionally, Parent Education Program Coordinator DeAnna Shisslak provided consultation. The list of topics for which parents were asked to rate their interest on a 1 through 5 scale (5 being most interested) were: "a. stress management as a parent, b. your relationship with your partner, c. co-parenting and division of labor with your partner, d. the role of technology in parenting and family, e. media violence and its effect on children, f. managing busy schedules and parenting, g. bonding and communication with children, and h. discipline and children's behavior problems." Finally, parents were asked how often they would like their program to meet, what an ideal session time length would be, what format they would prefer (activity-based, lecture, discussion-based, or

online), and when they would prefer meetings to take place. Survey results were entered into Excel documents for each location. A list was also created for all the parents' written-in responses to the areas for improvement question. Each parent's response was categorized by topic, and a comprehensive table was made, which ordered the topics by number of times mentioned (see Results section).

## **Results**

The results of the survey provided information about parents' interests, concerns and scheduling preferences regarding parenting programs. (For complete results tables, see Appendix 1). First, in demographic terms, the results revealed that the largest number of kids fell into the 5 to 10 years age bracket, that the vast majority of families had between one and two children, and that over half of the parents were at least somewhat interested in parenting programs. Additionally, of the parents surveyed, about half were over age thirty-five, about three quarters identified as White/Caucasian, and the vast majority had some type of education beyond high school. Over half of parents surveyed had not previously attended a parenting program.

Regarding interests and concerns about parenting, the averages revealed that "discipline and behavior problems" was the overall highest rated topic of interest. It averaged as the number one concern at four of the six locations, with Monday Morning Moms' highest rated topic being "stress management" and the Rehab Office's highest rated topic being "managing busy schedules." Following "discipline and behavior problems," the topics "bonding and communication with children," "stress management as a parent," and "managing busy schedules and parenting" were the top subjects of interest, in that order. "Relationship with partner" was the topic of least interest, according to the averages.

Additionally, after the parents' written-in desired areas for improvement were organized by topic category, the results show that concerns related to "time, work, money, and energy" were the most frequently mentioned, followed by "patience," "discipline and boundaries," and "stress management and parents' personal emotions." These four themes recurred throughout the surveys and together comprised over half of the responses. "Health issues," "communication and understanding the children," "spending more time with the children," and "fostering independence and academic growth" followed in that order. See table below:

Time, work, money and energy	19
Patience	16
Discipline, boundaries	16
Stress management, personal emotions	16
Health issues (nutrition, exercise, development, etc.)	10
Communication/understanding children	10
Spending more time with kids	8
Fostering independence, intellectual growth, academics	5
Soothing baby, calming techniques	3
Breastfeeding	2
Technology	2
Teenage issues	2
Attitude as a parent	2
Autism	1
Partner related issues	1



Adoption related issues	1
Organization	1
Selflessness	1
Raising girls issues	1

Finally, the results supplied information on parents' scheduling and program format preferences. First, most parents surveyed were divided almost evenly between "once a week" and "once a month" for meeting frequency. The majority preferred one hour sessions, with no one choosing an option over 2 hours. "Lecture style, with discussion opportunities" was the most popular format choice, with "interactive, role-playing, activity-based" following close behind in the numbers. A significant majority of parents surveyed preferred programs to take place on weekday evenings, as opposed to weekends or weekdays.

### **Discussion**

This quality improvement study has many limitations, the most significant of which being its small sample size (eighty-seven surveys) and uneven distribution of results. Most of the surveys were received from the ABC Pediatrics Well Visits waiting rooms and from Monday Morning Moms and significantly fewer surveys were received from the Pediatric Rehabilitation office at LVH Cedar Crest and from the Teen Parent Support Group. Additional limitations to the results include the limited time parents had to complete the survey, as well as possible distractions in the waiting room and group meeting settings. Finally, several parents did not answer all of the questions, a problem which further limits some of the data.

Despite these limitations, the results from this study can serve as an initial guide for the Lehigh Valley Health Network through the parenting program selection process. Based on these results, LVHN would do best to offer either a lecture-based or an activity-based program for an hour on a weekday evening, somewhere between once a week and once a month. This proposal is based on the collected data and will hopefully yield greater attendance rates and higher parent satisfaction with the program. Additionally, the program should cover topics related to time management, patience, discipline, bonding and communication, and stress management for parents. In addition to these recommendations, which are based on comprehensive survey results, practitioners and educators from different LVHN locations can look at the individual results from their offices and tailor program offerings based on these specific results. In the future, LVHN providers could utilize the survey from this project and collect more results. The information gathered from the surveys in this project can assist LVHN providers in choosing a research-supported program that best meets the needs of parents in the Lehigh Valley.

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## Appendix 1

## Data Totals Tables from Parenting Program Surveys

## Question 1

Gender	Male	Female
17 <sup>th</sup> street	14	12
Trexlerstown	20	21
Pond Road	19	20
MMM	10	10
Teen Parent Group	n/a	n/a
Rehab Office	9	5
<b>Total</b>	<b>72</b>	<b>68</b>

Ages of Kids	<1 year	1-4 years	5-10 years	11-14 years	15-20 years
17 <sup>th</sup> street	2	4	8	5	7
Trexlerstown	4	5	17	8	7
Pond Road	3	7	12	7	10
MMM	13	6	0	1	0
Teen Parent Group	n/a	n/a	n/a	n/a	n/a
Rehab Office	0	4	8	1	1
<b>Total</b>	<b>22</b>	<b>26</b>	<b>45</b>	<b>22</b>	<b>25</b>

Number of Kids In Family	1	2	3	4	5
17 <sup>th</sup> street	2	10	0	1	0
Trexlerstown	6	7	4	1	1
Pond Road	6	6	4	1	1
MMM	18	1	0	0	0
Teen Parent Group	n/a	n/a	n/a	n/a	n/a
Rehab Office	5	3	1	0	0
<b>Total</b>	<b>37</b>	<b>27</b>	<b>9</b>	<b>3</b>	<b>2</b>

## Question 2

Level of Interest in a Parenting Program?	1	2	3	4	5
17 <sup>th</sup> street	7	4	2	0	0
Trexlerstown	4	3	6	2	4
Pond Road	6	0	10	1	0
MMM	0	1	5	6	7
Teen Parent Group	0	0	2	4	3
Rehab Office	1	4	1	1	2
<b>Total</b>	<b>18</b>	<b>12</b>	<b>26</b>	<b>14</b>	<b>16</b>

## Question 3

Have you ever attended a Parenting Program Before?	Yes	No
17 <sup>th</sup> street	3	10
Trexlerstown	8	11
Pond Road	5	13
MMM	11	8
Teen Parent Group	5	4
Rehab Office	3	6
<b>Total</b>	<b>35</b>	<b>52</b>

## Question 4

Level of interest in topics 1-5 (Averages)	Stress management as a parent	Relationship with partner	Co-parenting, division of labor	Role of technology in family	Media violence and its effects	Managing busy schedules	Bonding and communication	Discipline and behavior problems
17 <sup>th</sup> street	2.85	1.72	1.78	2.84	2.56	2.03	2.86	2.95
Trexlerstown	3.16	2.47	2.84	2.12	2.68	2.68	3.05	3.32
Pond Road	3.06	2.77	2.61	2.94	2.61	3	3.11	3.17
MMM	4.46	2.34	3.21	2.34	1.67	3.17	3.59	3.84
Teen Parent Group	2.17	2.75	3.17	2.5	3.83	3.33	3.75	4.34
Rehab Office	2.63	2.25	2.38	3	2.88	3.13	2.63	2.63
<b>Added Averages</b>	<b>18.33</b>	<b>14.30</b>	<b>15.99</b>	<b>15.74</b>	<b>16.23</b>	<b>17.34</b>	<b>18.99</b>	<b>20.25</b>

## Question 6

What is your age?	Younger than 20 years	20-35 years	Over 35 years
17 <sup>th</sup> street	0	4	9
Trexlerstown	0	3	16
Pond Road	0	5	8
MMM	0	14	4
Teen Parent Group	9	0	0
Rehab Office	0	5	4
Added Averages	9	31	41

## Question 7

Would You Describe Yourself As:?	American Indian/Native American	Asian	Black/African American	Hispanic/Latino	White/Caucasian	Pacific Islander	Other
17 <sup>th</sup> street	0	1	0	4	8	0	0
Trexlerstown	0	0	0	1	17	0	0
Pond Road	0	2	0	1	14	0	0
MMM	0	0	0	3	16	0	0
Teen Parent Group	1	0	2	9	1	0	0
Rehab Office	0	0	0	2	7	0	0
Total	1	3	2	20	61	0	0

## Question 8

Highest Level of Education	Some high school	High school grad	Some college	Trade/vocational/tech training	College graduate	Some postgrad	Postgrad
17 <sup>th</sup> street	1	3	1	0	3	2	3
Trexlerstown	0	1	4	3	8	0	2
Pond Road	0	1	2	0	5	2	7
MMM	0	0	0	0	8	1	10
Teen Parent Group	9	0	0	0	0	0	0
Rehab Office	1	0	2	3	1	1	1
Total	11	5	9	6	25	6	23

## Question 9

Preferred Mtng. Frequency	Once a week	Twice a week	Once a month	Twice a month
17 <sup>th</sup> street	3	0	6	0
Trexlerstown	5	0	11	2
Pond Road	7	0	10	1
MMM	9	4	4	3
Teen Parent Group	7	1	1	0
Rehab Office	5	0	3	0
<b>Total</b>	<b>36</b>	<b>5</b>	<b>35</b>	<b>6</b>

## Question 10

Ideal Time Length	1 hour	1.5 hours	2 hours	2.5 hours	3 hours
17 <sup>th</sup> street	9	0	0	0	0
Trexlerstown	11	4	2	0	0
Pond Road	12	3	1	0	0
MMM	11	7	3	0	0
Teen Parent Group	3	2	5	0	0
Rehab Office	7	1	0	0	0
<b>Total</b>	<b>53</b>	<b>17</b>	<b>11</b>	<b>0</b>	<b>0</b>

## Question 11

Preferred Class Format	Interactive, Role-Play, Activity-Based	Lecture Style, with discussion	Formal, Discussion-Based	Online
17 <sup>th</sup> street	3	4	1	3
Trexlerstown	3	10	1	6
Pond Road	8	6	2	1
MMM	11	9	6	1
Teen Parent Group	3	2	4	0
Rehab Office	2	2	4	1
<b>Total</b>	<b>30</b>	<b>33</b>	<b>18</b>	<b>12</b>



**Question 12**

<b>Preferred Meeting Days</b>	<b>Weekends</b>	<b>Weekday Evenings</b>	<b>Wrote in "weekdays"</b>
<b>17<sup>th</sup> street</b>	3	6	0
<b>Trexlertown</b>	5	14	0
<b>Pond Road</b>	1	15	0
<b>MMM</b>	7	11	3
<b>Teen Parent Group</b>	5	4	0
<b>Rehab Office</b>	2	6	0
<b>Total</b>	<b>23</b>	<b>56</b>	<b>3</b>